

PATENT

Attorney's Docket No. 2730R

COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

original design supplemental
 divisional continuation continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

LUBRICATING COMPOSITIONS

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

(a) is attached hereto.

(b) was filed on _____ as Serial No. 0 / _____ or
 Express Mail No. _____, as Serial No. 0 / _____ and was
amended on _____ (*if applicable*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Frederick D. Hunter, Sr., 26,915
James L. Cordek, 31,807
Joseph P. Fischer, 31,758
William J. Connors, 31,208

James A. Cairns, 32,557
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William C. Tritt, 32,510

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator
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Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

William C. Tritt
(216) 621-1113

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

Curtis R. Scharf

Inventor's signature

Date

Country of Citizenship: United States

Residence:

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Post Office Address:

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Wickliffe, Ohio 44092

Full name of second joint inventor, if any:

Robert C. Richardson

Inventor's signature

Date

Country of Citizenship: United States

Residence:

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Full name of third joint inventor, if any:

Bernard C. Roell, Jr.

Inventor's signature

Date

Country of Citizenship: United States

Residence:

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CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART
OF THIS DECLARATION

Signature for fourth and subsequent joint inventors. Number of pages added _____.

Added pages to combined declaration and power of attorney for divisional, continuation, or
continuation-in-part (CIP) application.

Number of pages added _____.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page
and check the following item

This declaration ends with this page